



State of Hawaii
Department of Budget & Finance
Unclaimed Property Branch
P.O. Box 150
Honolulu, Hawaii 96810-0150

File No. _____
(Do not use this line)

Date: _____

REMITTANCE STATEMENT FOR ABANDONED PROPERTY

Name
of Holder: _____

Director's Receipt No. _____

Mailing _____
Address: _____

Date of Receipt _____

FOR DEPOSIT IN UNCLAIMED PROPERTY ACT GENERAL FUND

	AMOUNT	
	Detail	Net Remittance
A. TOTAL OF ABANDONED PROPERTY REPORTED TO STATE AS OF _____, 19_____ (Closing effective date of your last report, Form No. <u>BFF2</u>)	\$ _____	
TOTAL EXCLUDED FROM THIS REMITTANCE Per attached schedule, Form No. <u>BFF5</u> (See instructions)	\$ _____	
NET REMITTANCE ENCLOSED		\$ _____
B. INTANGIBLE PERSONAL PROPERTY (not in form of money) REPORTED UNDER ITEM NO. 10, Form No. <u>BFF2</u>	\$ _____	
TOTAL EXCLUDED FROM ITEM NO. 10, Per attached schedule, Form No. <u>BFF5</u>	\$ _____	
VALUE OF ITEMS ATTACHED		\$ _____

STATE OF _____)
County of _____) ss.

(Name)

(Title)

does solemnly swear and certify that, to the best of his knowledge and belief, the foregoing remittance statement and all the facts and information set forth in the schedules attached thereto are true and correct.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

REMARKS:

(Attach Form No. BFF5 explaining deletions)
Original only to Director of Finance